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TRANSMITTAL		Filing Date	_	10/707,588					
FORM		First Named Inventor		December 23, 2003 Tesfai et al.					
	FURIVI		Art Unit	2611	et al.				
			Examiner Name	+					
(to be used for all correspondence after initial filing)				Sophia	Sophia Vlahos				
Total Number of Pages in This Submission			Attorney Docket Number	COG-2	COG-2-0980.02.US				
ENCLOSURES (Check all that apply)									
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	SIGNA	TURE (	OF APPLICANT, ATTO	RNEY. C	OR AGEN	JT.			
Firm Name	Volpe and Koenig, P.C.					-•			
Signature	aux				-				
Printed name	Anthony L. Venezia								
Date	October 29, 2007			Reg. No.	48,382				
	this correspondence is being facs	mile transr	CATE OF TRANSMISS mitted to the USPTO or deposited Commissioner for Patents, P.O. B	with the United	d States Posta				
Signature	- OV.								
Typed or printed	name Anthony L. Vene	ria			D	ate	October 29, 2007		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Complete if Known 10/707,588 Application Number TRANSMITTA Filing Date December 23, 2003 For FY 2007 First Named Inventor Tesfai et al. **Examiner Name** Sophia Vlahos Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2611 **TOTAL AMOUNT OF PAYMENT** 250 Attorney Docket No. COG-2-0980.02.US METHOD OF PAYMENT (check all that apply) Check X Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 22-0493 Deposit Account Name: Volpe and Koenig, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) |X| Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 130 50 65 200 Plant 100 300 150 160 80 Reissue 300 150 500 600 250 300 200 Provisional 100 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims **Extra Claims Multiple Dependent Claims** <u>Fee (\$)</u> Fee Paid (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Indep. Claims Fee Paid (\$) Fee (\$) -3 or HP =HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) 100 =(round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount)

SUBMITTED BY			
Signature	aux	Registration No. (Attorney/Agent) 48,382	Telephone 215-568-6400
Name (Print/Typ	pe) Anthony L. Venezia		Date October 29, 2007

Other (e.g., late filing surcharge): Terminal Disclaimer Fee & Petition for Extension

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